

Name
in
Full

Henry Biscene

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Valley Lee

Town

St. Mary's

County

Date
of death 1906

Month

Feb

Day

7

Age

Years

one

Months

3 weeks

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Valley Lee, Ind.

Occupation

Where Residing If not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

William E. Biscene

Father's
Birthplace

St. Mary's Ind.

Mother's
Maiden Name

Eva Biscene

Mother's
Birthplace

St. Mary's Ind.

Name of person giving
In formation

Eva Biscene

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Bronchial-Pneumonia

How long

8 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

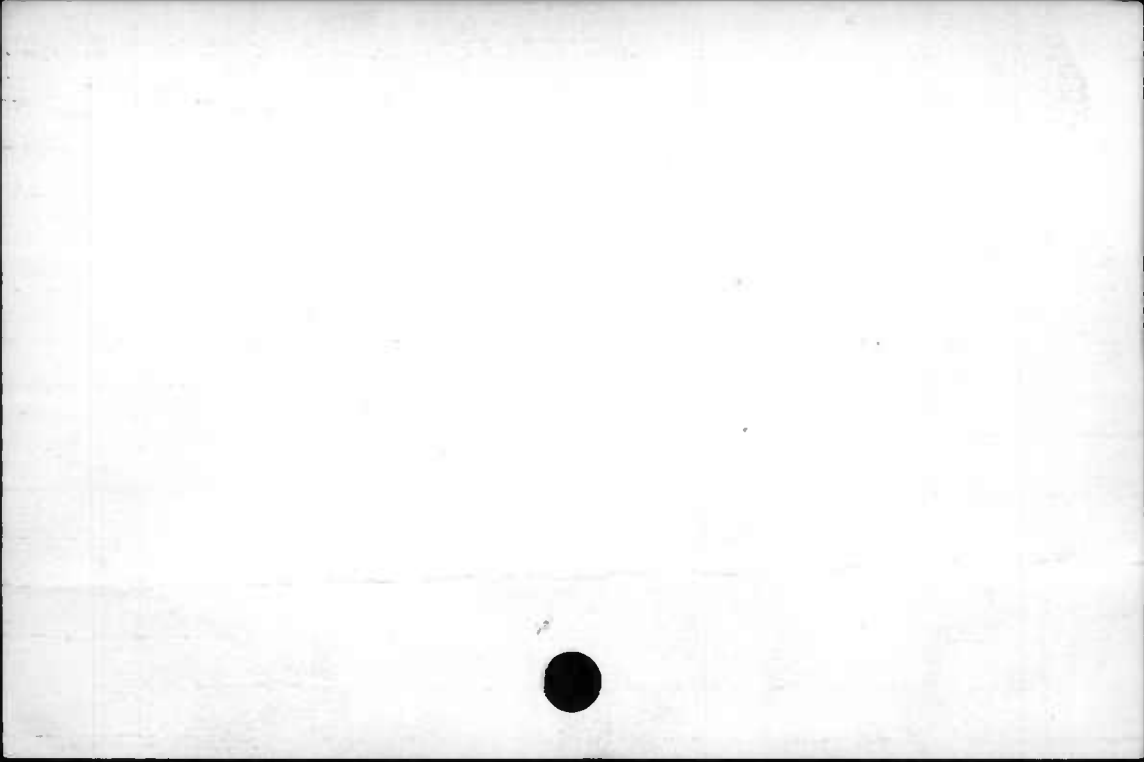
Signature of
Physician

Address

J. Horner Lusk, M.D.

Valley Lee, Ind.

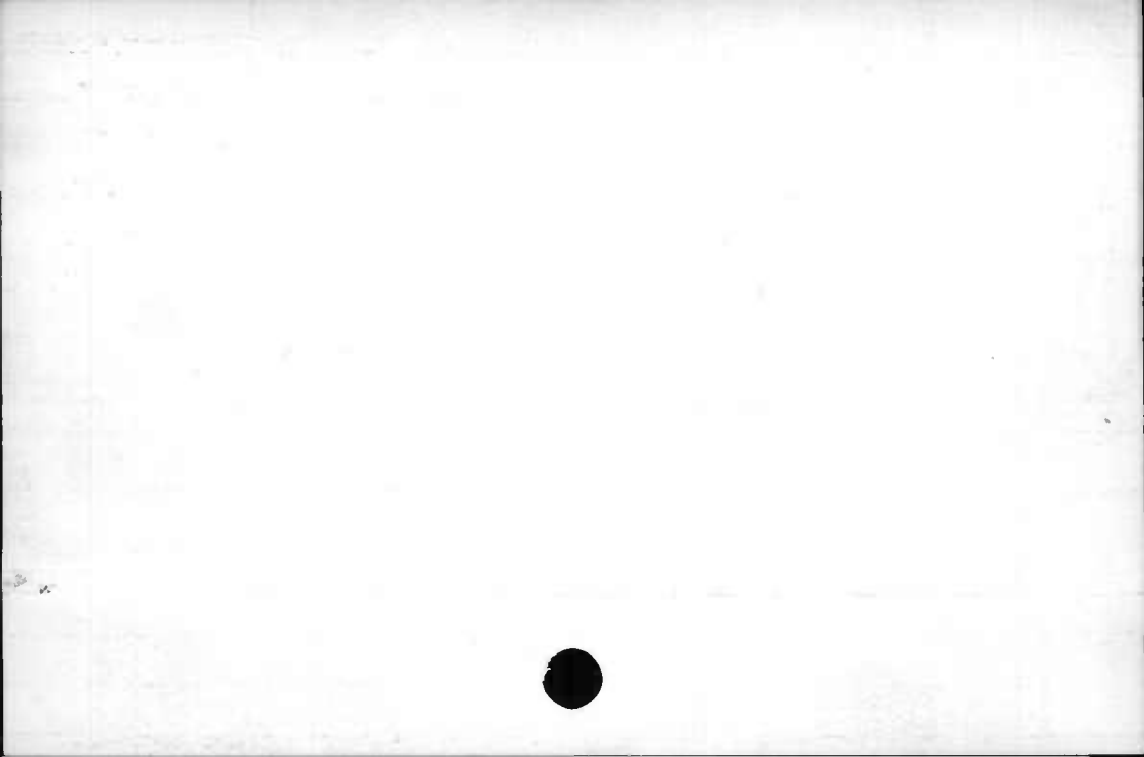
Accident or Suicide?



Name in Full		James D Brooks				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Mechanicsville</i>		Town <i>St. Marys</i>		County		MARYLAND
	Date of death <i>1906</i>	Month <i>Feby</i>	Day <i>27th</i>	Years <i>70</i>	Months	Days	
	Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>St. Mary's Co.</i>		
	Occupation <i>Carpenter</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret Hawkins</i>				
	Father's Name <i>David Brooks</i>			Father's Birthplace <i>Charles Co., Md.</i>			
	Mother's Maiden Name <i>Pellin Luander</i>			Mother's Birthplace <i>Don't Know</i>			
Name of person giving information <i>James D. Brooks</i>			How related to deceased <i>Son</i>				
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>La Grippe</i>		<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 10 </div>		How long <i>Five days</i>		
	Immediate <i>Pneumonia</i>				How long <i>Four days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Zach. R. Morgan</i>				
			Address <i>Mechanicsville, Md.</i>				
Accident or Suicide?							



Name in Full		Rhody Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Town <i>St. George Island</i>		County <i>St. Marys</i>		MARYLAND	
		Date of death <i>1906</i>	Month <i>Feb.</i>	Day <i>5</i>	Years <i>40</i>	Months <i>—</i>	Days <i>—</i>
		Sex <i>male</i>		Color or Race <i>White</i>		Birth- place <i>St. Marys Conn.</i>	
		Occupation <i>Waterman</i>		Where Residing if not at place of death			
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Minnie Sheen</i>			
PHYSICIAN OR CORONER		Father's Name <i>William Brown</i>				Father's Birthplace <i>St. Marys Conn.</i>	
		Mother's Maiden Name <i>Ellen Burroughs</i>				Mother's Birthplace <i>St. Marys Conn.</i>	
		Name of person giving In formation <i>James Brown</i>				How related to deceased <i>Brother-in-law</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Rheumatism</i>		How long <i>6 weeks</i>			
		Immediate <i>Valvular disease of heart</i>		How long <i>4 days</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>T. Homer Lynch, M.D.</i>			
				Address <i>Valley Lee, St. Marys Conn.</i>			
		Accident or Suicide?					



Name
in
Full

Samuel Calvert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Drayden		County St. Mary's		MARYLAND	
Date of death		1906	Month Feb.	Day 10	Age 4	Years 8	Months Days
Sex Male		Color or Race Colored		Birthplace Drayden, Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name James Calvert		Father's Birthplace Valley Lee, Md.					
Mother's Maiden Name Caroline Milburn		Mother's Birthplace St. Mary's Co., Md.					
Name of person giving information James Calvert		How related to deceased Father					

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?

Pulmonary Tuberculosis

2 Years

T. Horner Esq., M.D.

Valley Lee,
St. Mary's Co., Md.



Name
in
Full

Benjamin Handy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

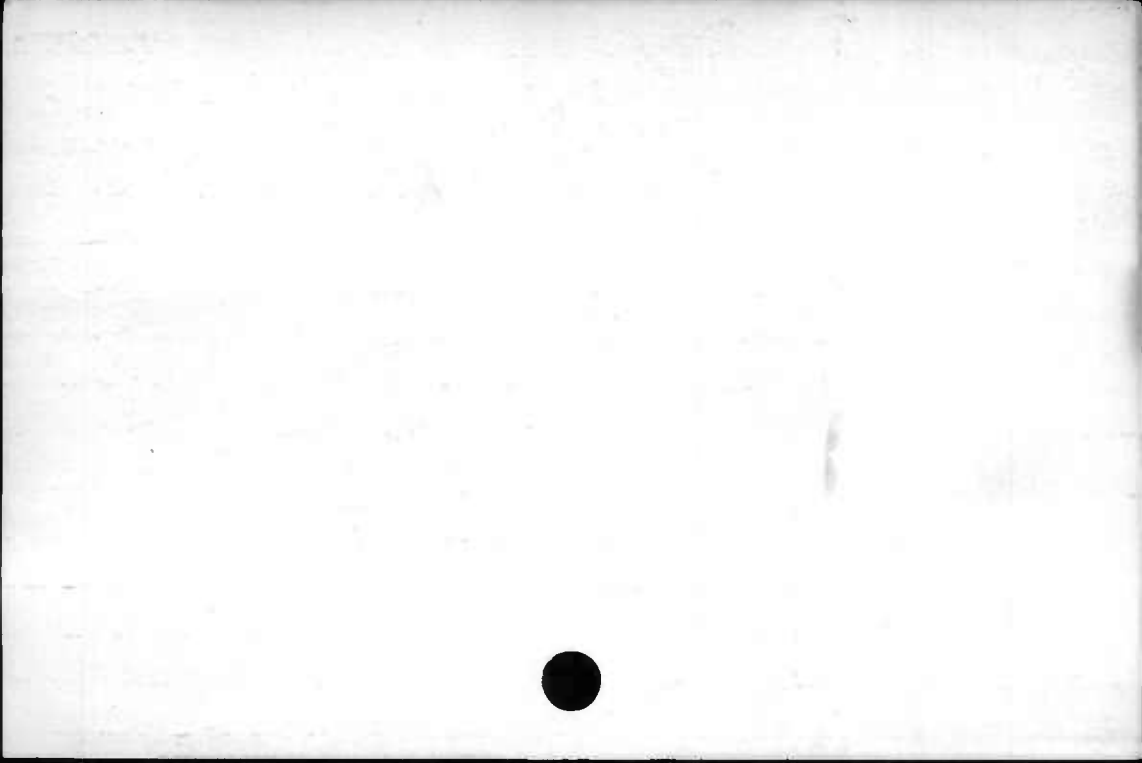
Died at <u>Portland</u> ^{Town}		<u>St Marys</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month <u>Febry</u>	Day <u>11</u>	Age <u>60</u> Years	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>Col</u>		Birth-place <u>md</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>unknown</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>unknown</u>			Mother's Birthplace <u> </u>		
Name of person giving information <u> </u>			How related to deceased <u> </u>		

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <u>Bronchitis Chronic</u>	How long <u> </u>
Immediate <u>Exhaustion</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>St Leona</u>
	Address <u>Reager</u>
Accident or Suicide? <u> </u>	<u>md</u>



deamus albert Hayden

Town

County

Died at

Day

Shinn

MARYLAND

Date 19	66	Month	Feb	Day	13	Y.	M.	D.	Native of	Shinn	Occupation
Male	White	Married	Widow	Divorced							
Female	Colored	Single	Widower	Number of children living							

Husband of

Wife

Father's Name

Therese Hayden

Mother's Maiden Name

Emma Lebeth

Cause of	Primary	Whispering cough.	How long sick	4 days
Death	Immediate	Broncho-Pneumonia	Accident, Suicide, Homicide	

Reported by

Dr. Henry Richardson

Address

Great Mills Md

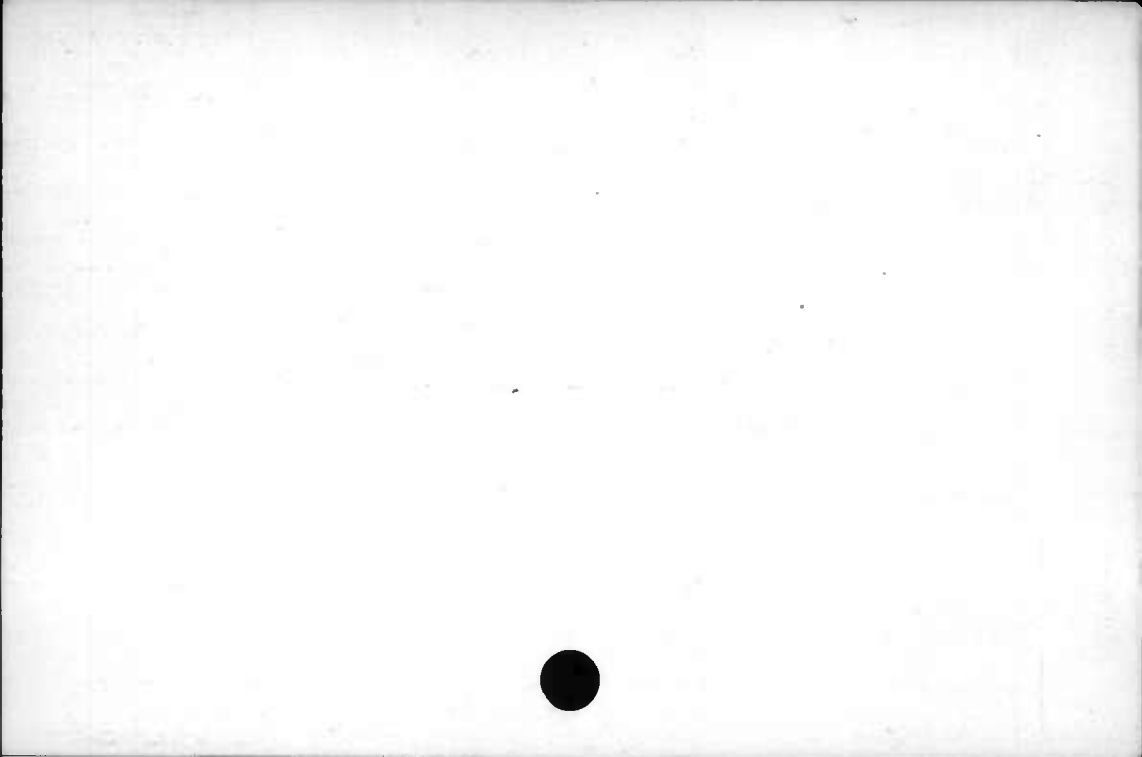


Name in Full *May Francis Hill* CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Five Springs St. Marys</i>		Town <i>St. Marys</i>		County		MARYLAND	
	Date of death <i>1906</i>	Month <i>2</i>	Day <i>9</i>	Age <i>16</i>	Years	Months <i>11</i>	Days <i>15</i>	
	Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>				
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
	Father's Name <i>John Thomas Hill</i>				Father's Birthplace <i>md</i>			
	Mother's Maiden Name <i>Anne Hayes</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>John Thomas Hill</i>				How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Hydrocephalus</i>	How long <i>16 yrs 6 mos.</i>	
	Immediate <i>marasmus</i>	How long <i>10 mos.</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Roll V. Palmer</i>	
		Address <i>Palmer</i>	
	Accident or Suicide?	<i>md</i>	



Name in Full		James Arthur Milburn				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Oakley</i>		Town <i>St. Mary's</i>		County		MARYLAND
	Date of death	1906	Month	2	Day	3	Age
					Years	—	Months
					Days	—	
	Sex	<i>male</i>		Color or Race	<i>coloured</i>		Birth-place
							<i>ind</i>
	Occupation	—		Where Residing If not at place of death			
Married, Single or Widowed		—		Name of Wife or Husband			
Father's Name		<i>George Milburn</i>				Father's Birthplace	
						<i>ind</i>	
Mother's Maiden Name		<i>Annie Florine Reed</i>				Mother's Birthplace	
						<i>ind</i>	
Name of person giving information		<i>Annie Florine Reed</i>				How related to deceased	
						<i>mother</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>Convulsions</i>			How long	
						<i>1 hour about</i>	
	Immediate		<i>Cause unknown</i>			How long	
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>			Signature of Physician	
					<i>R. V. Palmer</i>		
					Address		
					<i>Palmer</i>		
Accident or Suicide?		<i>Inquest</i>					
					<i>ind</i>		



Name
in
Full

Mr Fizzie Pallen

CERTIFICATE OF DEATH

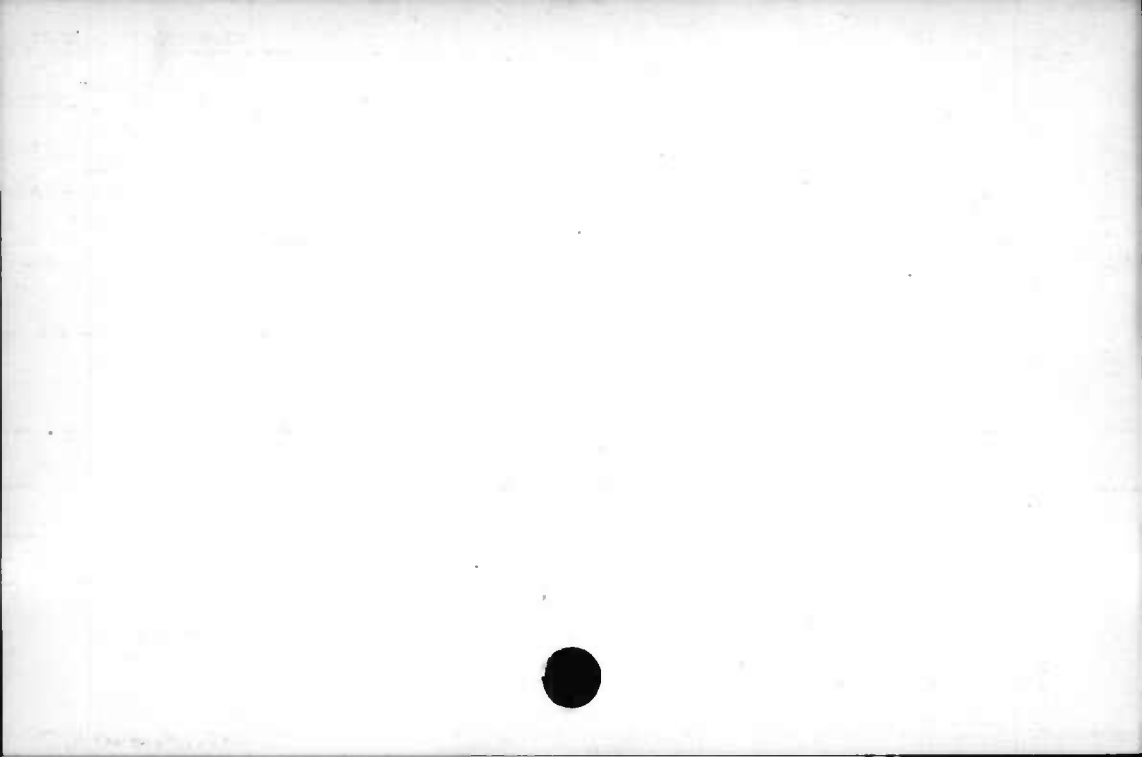
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. George Island</i>		Town <i>St. George</i>		County <i>St. Marys</i>		MARYLAND	
Date of death <i>1904</i>	Month <i>Feb</i>	Day <i>22</i>	Ago	Years <i>70</i>	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>St. George Island, Md.</i>			
Occupation <i>Housekeeper</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Frank Pallen</i>					
Father's Name <i>Cable Thomas</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>James Thomas</i>				How related to deceased <i>Son-in-law</i>			

CAUSES OF DEATH

Primary	<i>Arterio-Sclerosis</i>	<i>(64)</i>	How long	<i>Several Years</i>
Immediate	<i>Cerebral Hemorrhage</i>		How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>T. Horpe Lynch, M.D.</i>	
			Address <i>Valley Lee -</i>	
			<i>St. Marys Crmd.</i>	
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

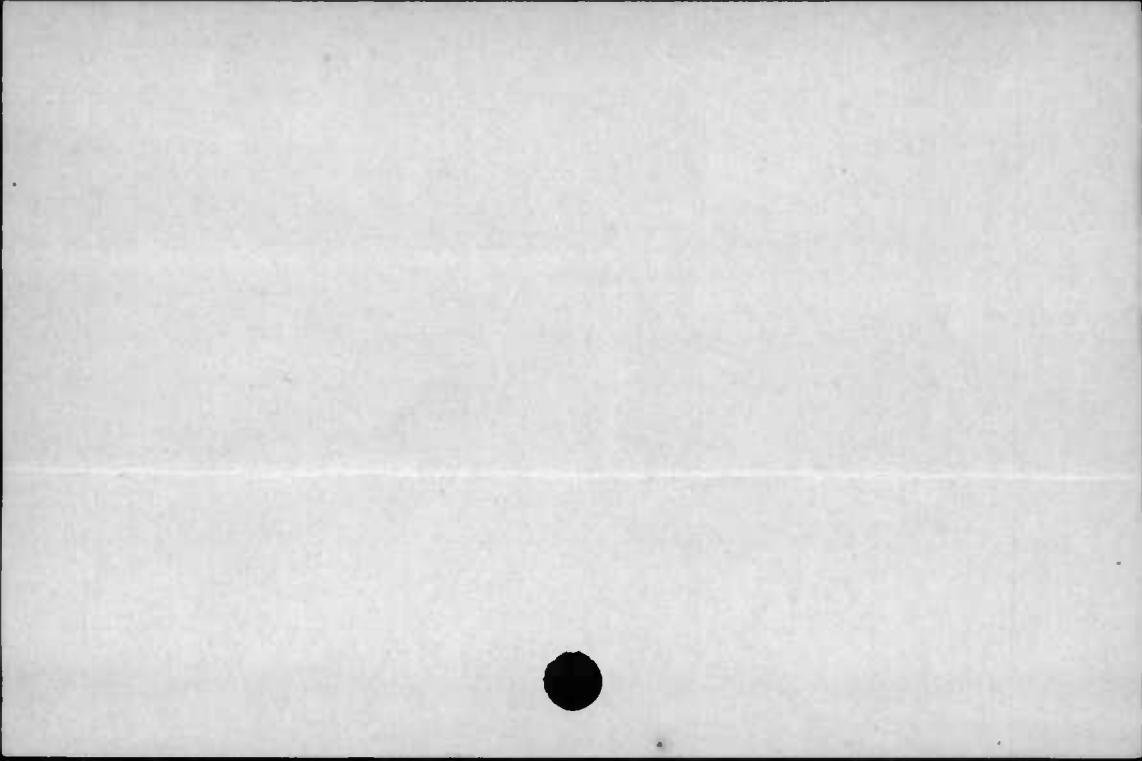
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John L. Railey</i>		Town <i>Hagerman</i>		County <i>St Mary's</i>		State <i>MARYLAND</i>	
Died at		Month <i>2</i>		Day <i>24</i>		Years <i>2</i>	
Date of death <i>1904</i>		Age		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>#</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>J. L. Railey</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Lizzie Goodman</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Foster</i>		How related to deceased <i>Foster</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>2 mo</i>
Immediate <i>Pneumonia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Foster</i>
	Address <i>Adamsville</i>
	<i>md</i>
Accident or Suicide?	



Name

in
Full

Mary A. Ryder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

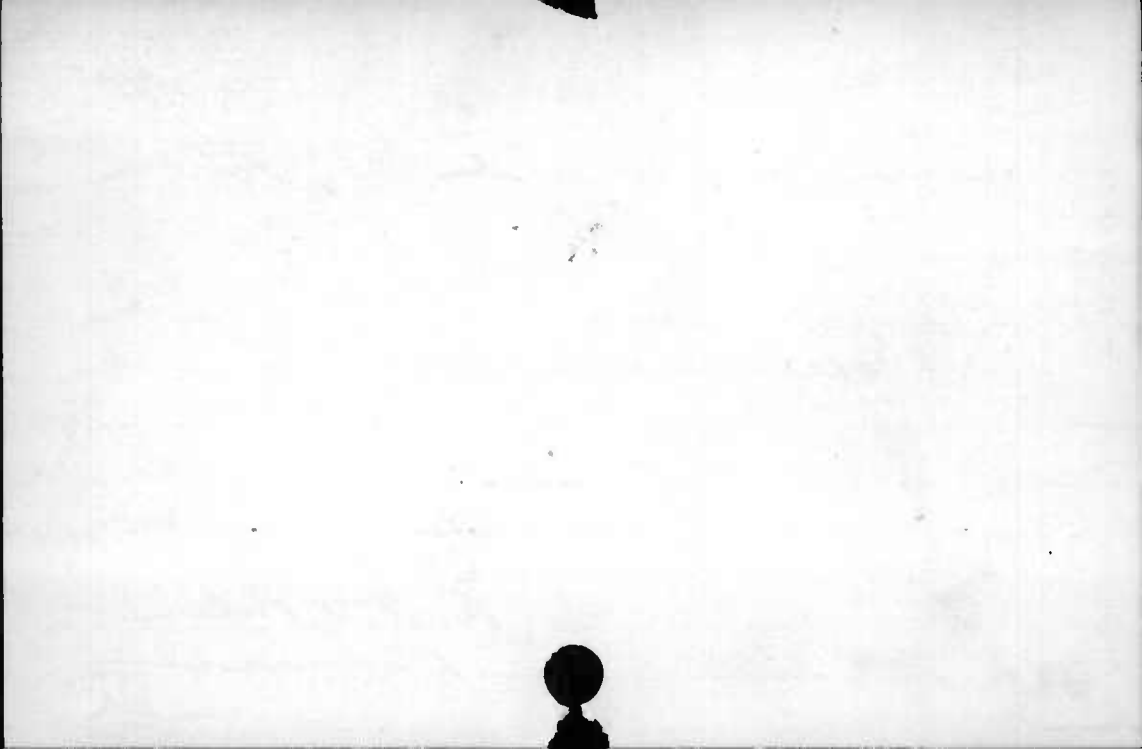
MARYLAND

Died at <i>Dahville</i> ^{Town}		<i>St. Marys</i> ^{County}			
Date of death <i>1906</i>	<i>Feb</i> ^{Month}	<i>4</i> ^{Day}	Age <i>58</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Justus Ryder</i>				
Father's Name <i>Jno. H. Buckler</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mantha B.</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	<i>(14)</i>	How long
Immediate		How long <i>10 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. B. Johnson</i>	Address <i>Morganza</i>
Accident or Suicide?		



Name
in
Full

Hermon Shan

CERTIFICATE OF DEATH

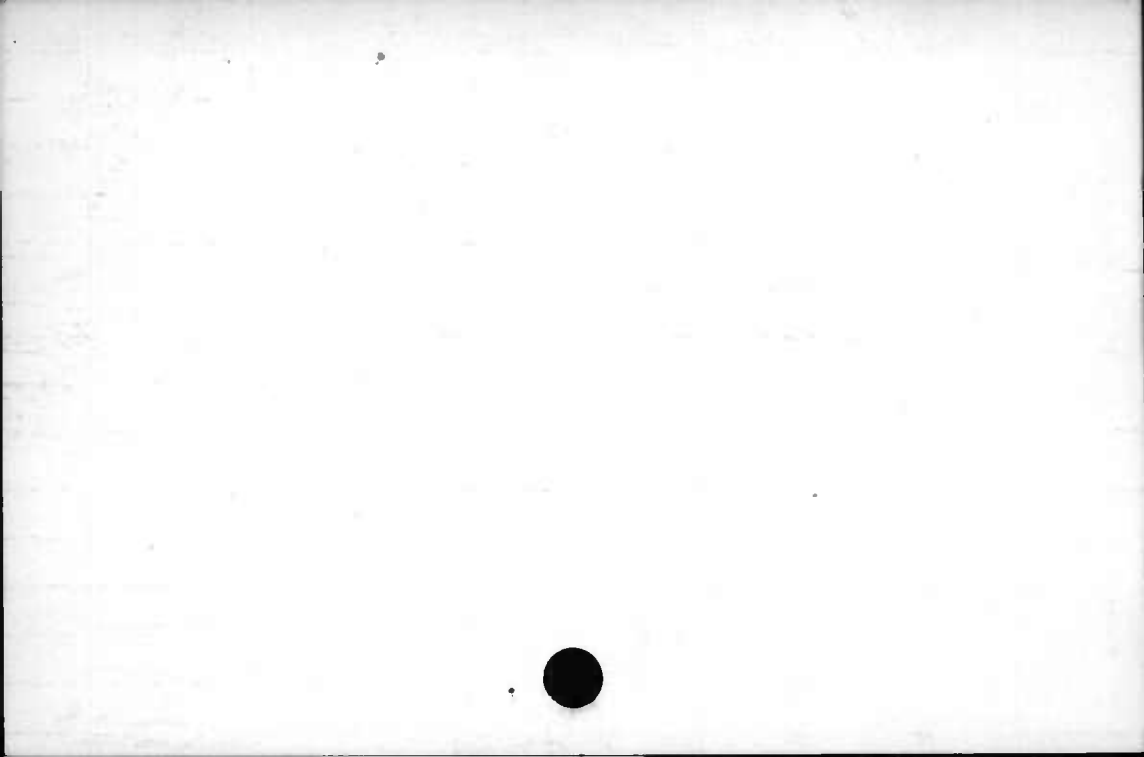
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>River Springs</i>			County <i>St. Mary's</i>			MARYLAND	
Date of death <i>1906</i>	Month <i>2</i>	Day <i>2</i>	Age <i>2</i>	Years <i>2</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>ind</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Phillip Shan</i>				Father's Birthplace <i>ind</i>			
Mother's Maiden Name <i>Rose Anna Hypps</i>				Mother's Birthplace <i>ind</i>			
Name of person giving information <i>William Jones</i>				How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(167)</i>	How long
Immediate <i>Accidental Burning</i>		How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Robt. V. Palmer</i>	
<i>yes</i>	Address <i>Palmer</i>	
Accident or Suicide?	<i>ind</i>	



Name
in
Full

Ernest Sterling

CERTIFICATE OF DEATH

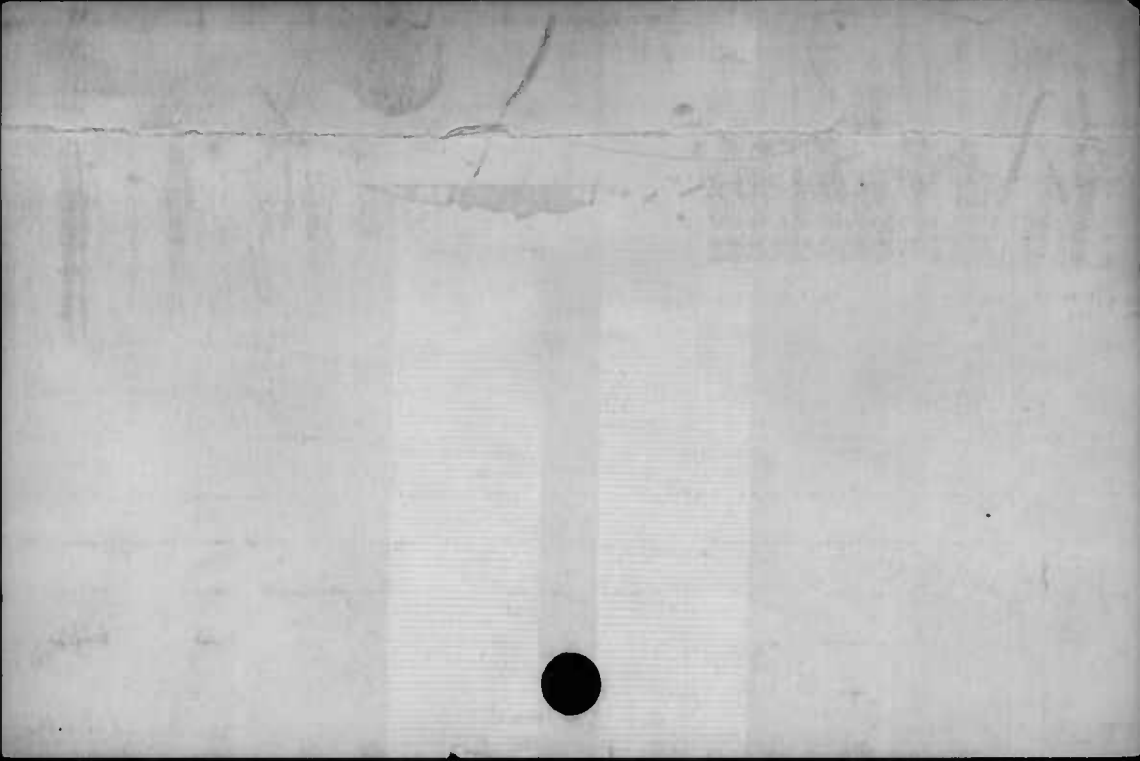
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smidge Bomb</i> <small>Town</small>		<i>Northumberland</i> <small>County</small>		<i>Va</i>		MARYLAND	
Date of death <i>1906</i>		<i>Feb.</i> <small>Month</small>	<i>18</i> <small>Day</small>	<i>20</i> <small>Years</small>	<i></i> <small>Months</small>		<i></i> <small>Days</small>
Sex <i>male</i>		Color or Race <i>black</i>		Birth-place <i>Ind.</i>			
Occupation <i>Labuer</i>				Where Residing if not at place of death <i>Ind.</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Hiarn Sterling</i>				Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>none</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>		How long <i>nearly 3 weeks</i>	
Immediate <i>Typhoid fever</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. E. Booker</i>	
		Address <i>Porteburg Va.</i>	
Accident or Suicide?			



Name
in
Full

Philly. Steward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Palmer</i> ^{Town}		<i>St. Mary's</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>2</i>	Day <i>5</i>	Years <i>69</i>	Months <i>-</i>
Sex <i>male</i>	Color or Race <i>Colored</i>			Birth-place <i>ind</i>	
Occupation <i>none</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Elijah Steward</i>			
Father's Name <i>Henry Steward</i>		Father's Birthplace <i>ind</i>			
Mother's Maiden Name <i>Elijah Sciber</i>		Mother's Birthplace <i>ind</i>			
Name of person giving information <i>Henry Steward</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

Primary *Intestinal Hepatitis* 17 How long *18 mos.*

Immediate *(Chronic Gastritis)* How long

Are the name, age, sex, color, date and place correctly given above?

yes.

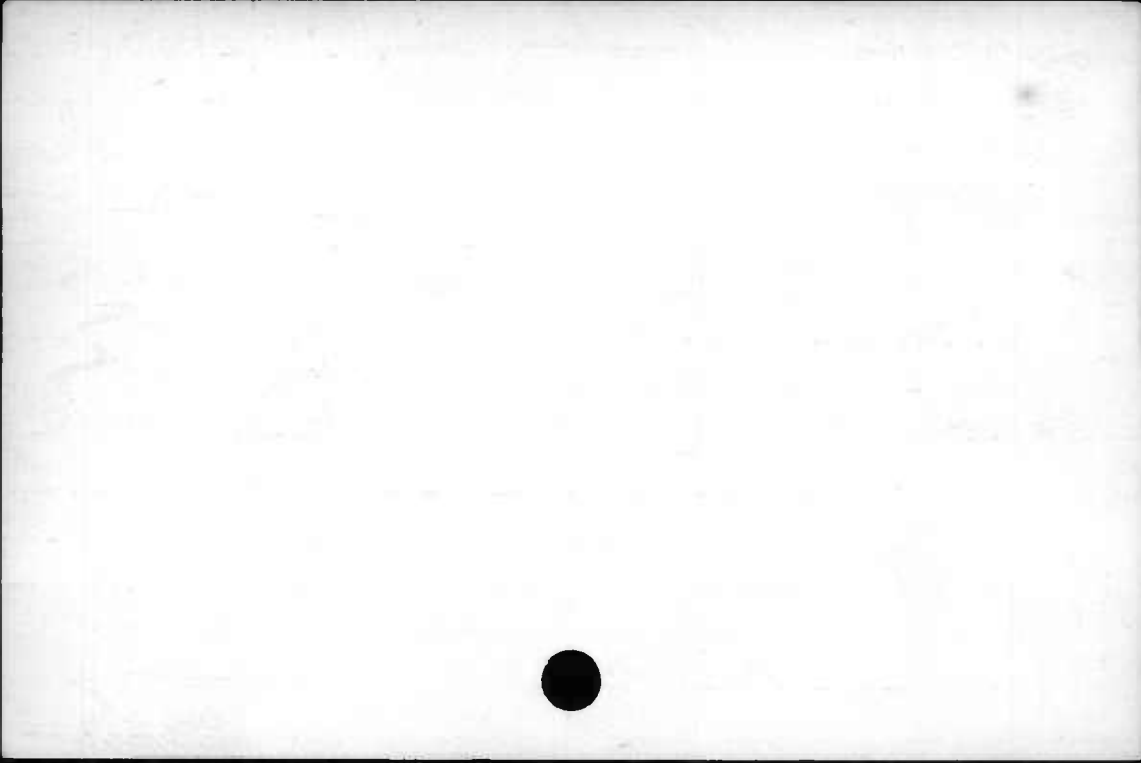
Signature of Physician

Address

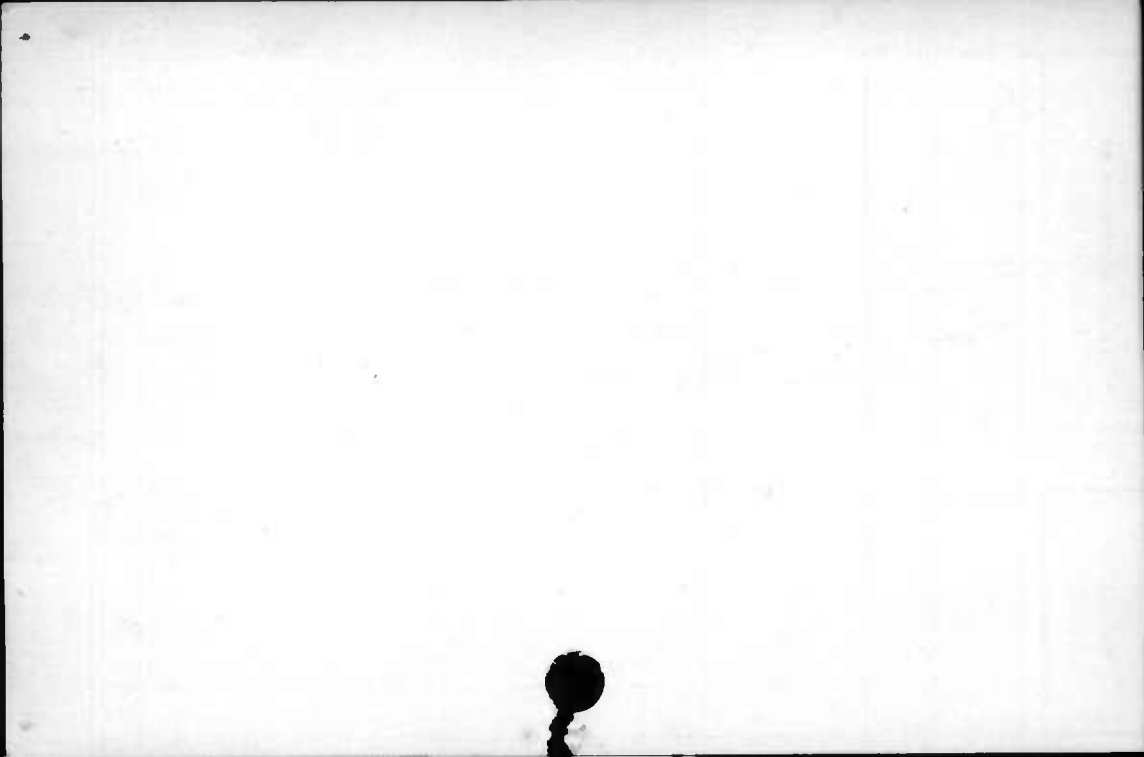
R. M. V. Palmer
Palmer

Accident or Suicide?

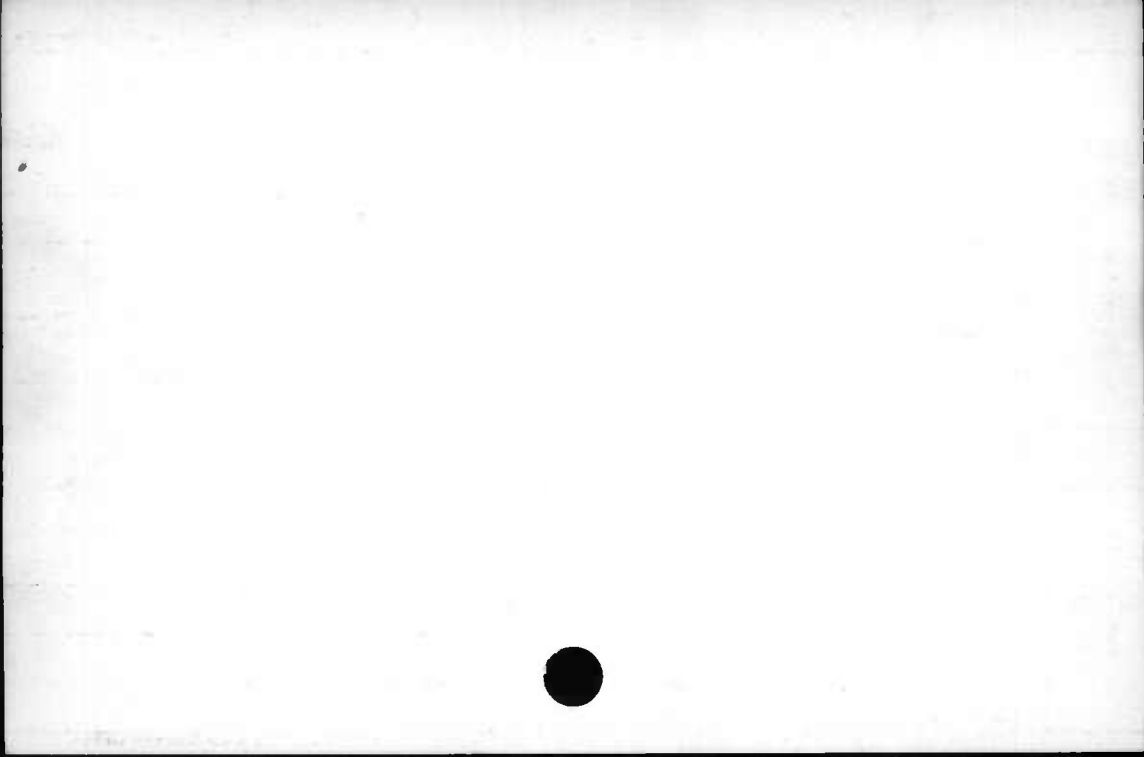
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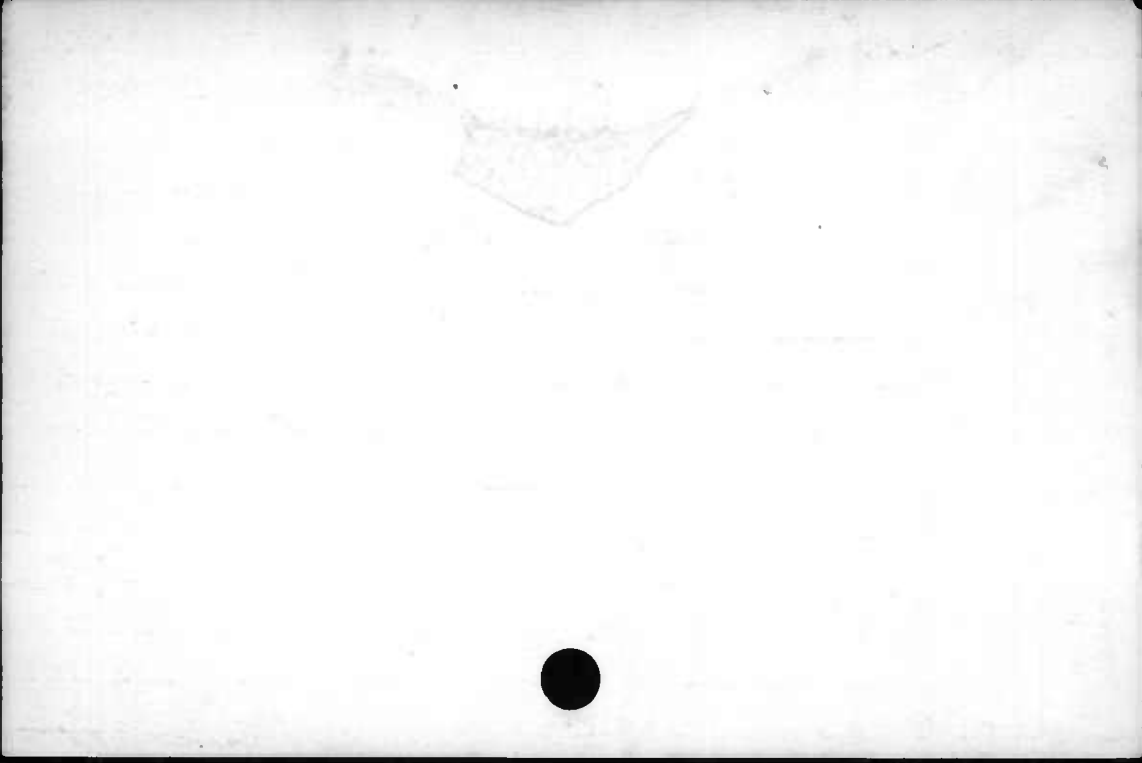
Name in Full		Stephen Vallandigham						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Blakistons		County		St. Mary's		MARYLAND	
	Date of death	1906	Month	2	Day	8	Age	45	Months	-
	Sex	male		Color or Race	white		Birthplace	md		
	Occupation	Farmer				Where Residing if not at place of death		md		
	Married, Single or Widowed	married		Name of Wife or Husband	Florence Vallandigham					
	Father's Name	Samuel Vallandigham					Father's Birthplace	md		
	Mother's Maiden Name	Fettie Anne Lemon					Mother's Birthplace	md		
	Name of person giving information	Lewis Vallandigham					How related to deceased	Brother		
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis					How long	6 yrs		
	Immediate	Pneumonia					How long	7 day's		
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		Rott. V Palmer			
					Address		Palmer md			
	Accident or Suicide?									



Name In Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Talley Lee</i>		County <i>St. Mary's</i>				
		Town		State				
		Date of death <i>1904</i>	Month <i>Feb.</i>	Day <i>17</i>	Age <i>82</i>	Years	Months	Days
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>				
		Occupation <i>Housekeeper</i>	Where Residing if not at place of death					
		Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Richard Wall-</i>					
PHYSICIAN OR CORONER		Father's Name <i>John Pomeroy</i>		Father's Birthplace <i>Alexandria, Va.</i>				
		Mother's Maiden Name <i>Ellen Lynch</i>		Mother's Birthplace <i>St. Mary's Comd.</i>				
		Name of person giving information <i>Charles A. Wall-</i>		How related to deceased <i>Son</i>				
		CAUSES OF DEATH						
Primary		<i>Pneumonia</i>		How long <i>6 days</i>				
Immediate				How long				
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>T. H. H. Lynch, M.D.</i>		Address <i>Talley Lee, St. Mary's Comd.</i>				
Accident or Suicide?								



Name in Full		Mary Eliza Woodland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>milborton</i>		County <i>St. Mary's</i>		MARYLAND	
		Date of death <i>1906</i>	Month <i>2</i>	Day <i>15</i>	Age <i>20</i>	Months <i>about</i>	Days
		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>ind</i>	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>James Woodland</i>			
PHYSICIAN OR CORONER		Father's Name <i>Thomas Carter</i>		Father's Birthplace <i>ind</i>			
		Mother's Maiden Name <i>Mary Summerville</i>		Mother's Birthplace <i>ind</i>			
		Name of person giving information <i>James Woodland</i>		How related to deceased <i>Husband</i>			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Accidental Burning</i>		How long <i>161</i>			
		Immediate <i>Gangrene</i>		How long <i>2 mos</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm J Palmer</i>			
		Accident or Suicide? <i>Inquest</i>		Address <i>Palmer ind</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beauvean</i>		Town	<i>St Marys</i>		County	MARYLAND	
Date of death	<i>1906</i>	Month <i>Feb</i>	Day <i>13</i>	Age <i>2</i>	Years	Months <i>5</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Beauvean</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>John C Yates</i>			Father's Birthplace <i>Beauvean</i>				
Mother's Maiden Name <i>Clenora Neal</i>			Mother's Birthplace <i>Beauvean</i>				
Name of person giving information <i>Clenora Yates</i>			How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lobar pneumonia</i>	How long <i>7 days</i>
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. F. P. Powell</i>
	Address <i>Leonardtown</i>
Accident or Suicide?	

